	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET									216	' 1	FILING I	DATE	
	(FOR USE WITH FORM PTO-875)								ANT(S)	214	3			
	AS FII	ÆD	AFI		AFT	CER	LAIM	S					<del></del>	
	IND. DEP.		I" AMENDMENT IND: DEP.		IND. DEP.				AS FILED		AFTER 1"AMENDMENT		AFTER 2 AMENDMENT	
$\frac{1}{2}$	- (	10	7			DEI.		51	IND,	DEP.	IND.	DEP.	IND.	DEP.
3 4 5		2		3				52 53 54	-					
6 7		2222	 	2			-	55 56						
8 9				82.		· .		57 58						
10 11	- {	3		B			-	59 60						
12 13 14		9		BI			-	61 - 62 63						
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17 18	1:	1	1	1				66 67						
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- 31 32	1 9	2		9			8	0						
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49				<del>- </del>			98 99			1	-		-	1
TOTAL IND.	1	8	1	1	-	4	TOTAL II				1	-		4
TOTAL DEP	L 4	33	<b>4</b>		<b>4</b> 3		FOTALD	<del>-</del>		-				
CLAIMIS 4		14/					TOTAL					<u>.</u>		1